

Please type a plus sign (+) inside this box →

PTO/SB/01 (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

Attorney Docket Number	QSTR-01.0
First Named Inventor	Nomura
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURFACE-MODIFIED WICK for DIAGNOSTIC TEST STRIP

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
none			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
none		<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name Robert J. Petersen

Address QuestStar Medical, Inc.

Address 10180 Viking Drive,

City Eden Prairie	State MN	ZIP 55344
--------------------------	-----------------	------------------

Country US	Telephone 952-946-0506	Fax 952-941-7019
-------------------	-------------------------------	-------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---	---

Given Name (first and middle [if any]) Hiroshi	Family Name or Surname Nomura
--	---

Inventor's Signature 	Date 11-29-00
--	----------------------

Residence: City Shorewood	State MN	Country US	Citizenship JP
----------------------------------	-----------------	-------------------	-----------------------

Mailing Address 19240 McKinley Court.

Mailing Address

City Shorewood	State Minnesota	ZIP 55331	Country US
-----------------------	------------------------	------------------	-------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	Family Name or Surname
--	----------------------------------

Inventor's Signature	See Attached Page	Date
--------------------------------	-------------------	-------------

Residence: City	State	Country	Citizenship
------------------------	--------------	----------------	--------------------

Mailing Address

Mailing Address

City	State	ZIP	Country
-------------	--------------	------------	----------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **+**

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>	
--------------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Arthur R.		Kydd					
Inventor's Signature	<i>Arthur R. Kydd</i>						11/29/00 Date
Residence: City	St. Paul	State	MN	Country	US	Citizenship	US
Post Office Address	2224 Eustis Street						
Post Office Address							
City	St. Paul	State	MN	ZIP	55113	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
August R.		Hanson					
Inventor's Signature	<i>August R. Hanson</i>						11/29/00 Date
Residence: City	Rosemount	State	MN	Country	US	Citizenship	US
Post Office Address	12790 Blanca Avenue West						
Post Office Address							
City	Rosemount	State	MN	ZIP	55068	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert J.		Petersen					
Inventor's Signature	<i>Robert J. Petersen</i>						11/29/00 Date
Residence: City	Minneapolis	State	MN	Country	US	Citizenship	US
Post Office Address	5936 Emerson Avenue South						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55419	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERNDocket Number (Optional)
QSTR-01.0Applicant or Patentee: Nomura et al.Application or Patent No.: attachedFiled or Issued: December 02, 2000Title: Surface-Modified Wick for Diagnostic Test Strip

I hereby declare that I am

the owner of the small business concern identified below:

an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN QuestStar Medical, Inc.ADDRESS OF SMALL BUSINESS CONCERN 10180 Viking Drive, Eden Prairie,
Minnesota 55344, USA

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.

the application identified above.

the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.

each such person, concern, or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Arthur R. KyddTITLE OF PERSON IF OTHER THAN OWNER PresidentADDRESS OF PERSON SIGNING 10180 Viking Dr., Eden Prairie, MN 55344SIGNATURE Arthur R. KyddDATE 12-2-2000

United States Patent & Trademark Office
Office of Initial Patent Examination

Application papers not suitable for publication

SN 09/728153

Mail Date 12/02/00

- Non-English Specification
- Specification contains drawing(s) on page(s) _____ or table(s) p13-15, 17, 18, 20.
- Landscape orientation of text Specification Claims Abstract
- Handwritten Specification Claims Abstract
- More than one column Specification Claims Abstract
- Improper line spacing Specification Claims Abstract
- Claims not on separate page(s)
- Abstract not on separate page(s)
- Improper paper size -- Must be either A4 (21 cm x 29.7 cm) or 8-1/2" x 11"
 - Specification page(s) _____ Abstract
 - Drawing page(s) _____ Claim(s)
- Improper margins
 - Specification page(s) _____ Abstract
 - Drawing page(s) _____ Claim(s)
- Not reproducible Section
 - Reason Specification page(s) _____
 - Paper too thin Drawing page(s) _____
 - Glossy pages Abstract
 - Non-white background Claim(s)
- Drawing objection(s)
 - Missing lead lines, drawing(s) _____
 - Line quality is too light, drawing(s) _____
 - More than 1 drawing and not numbered correctly
 - Non-English text, drawing(s) _____
 - Excessive text, drawing(s) _____
 - Photographs capable of illustration, drawing(s) _____